

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2010, statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2013 OCT 31 AM 11:12

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Marty O'Boyle

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Martin P. O'Boyle

Political Party (if applicable)

N/A

Office Sought

Mayor

District (if Senate or House)

N/A

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm. # 14231

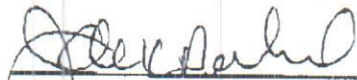
Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.



SIGNATURE OF PERSON FILING REPORT

563 322 2681

TELEPHONE

10/30/13

DATE SIGNED

I AM FILING A October 25, 2013

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

November 5, 2013

County & Local Committees, enter County in
which Election is held
Scott

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

\$ 1,275.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL..... \$

\$ 1,275.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 1,275.00

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 1,449.25

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 905.14

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Marty O'Boyle

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/15/13	ID# CK#	William & Kathryn Erps 110 S. Blanche Dr., Eldridge IA 52748		\$30.00	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	Arliss Whisler 517 W. Prairie Vista Dr., Eldridge IA 52748		50.00	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	William & Nadine Cusack 23801 S Harmony Way, Sun Lakes AZ 85248		15.00	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	Susan Fremngen 1033 Kirkwood Blvd., Davenport IA 52803		25.00	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	Audry Linville 1127 W 15th St., Davenport IA 52804		40.00	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	Sharon Hancock 3000 E 32nd St. #2, Davenport IA 52807		50.00	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	Thomas & Roxanna Moritz 220 N Elmwood Ave., Davenport IA 52802		50.00	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	Chris & Donna Brase 972 Newell Ave., Muscatine IA 52761		30.00	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	Jack & Carmen Darland 905 E Oak St., Eldridge IA 52748		100.00	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	Frank & Peggy Wood 1135 Davies, Eldridge IA 52748		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 440.00	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

React Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Marty O'Boyle

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/15/13	ID# CK#	Dan & Jana Schneckloth 920 Rustic View Ct., Eldridge IA 527418		\$50.00	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	Jerry Vollbeer 25421 162nd Ave., Eldridge IA 52748		30.00	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	Judith Greene 1326 14th St., Bettendorf IA 52722		50.00	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	Kerry & Beverly Strayhall 4407 E. 48th St., Davenport IA 52807		25.00	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	Terry & Jackie Wilcox 217 S Cadda St., Long Grove IA 52756		25.00	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	Dennis Dedecker 3400 Central Ave., Bettendorf IA 52722		50.00 ✓	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	Rob Rubens 300 Country Club Ct., Eldridge IA 52748		100.00	<input checked="" type="checkbox"/>
10/15/13	ID# CK#	unitemized contributions		360.00	<input checked="" type="checkbox"/>
10/16/13	ID# CK#	Brad Noel 101 S. 27th Ave., Eldridge IA 52748		50.00	<input checked="" type="checkbox"/>
10/21/13	ID# CK#	unitemized contribution		20.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 760.00

TOTAL (if last page of this schedule)

\$ 760.00

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(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Marty O'Boyle

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/21/13	ID# CK#	Brian Wood 1681 S. 11th St., Eldridge IA 52748		\$50.00	<input checked="" type="checkbox"/>
10/23/13	ID# CK#	James Straley 909 E. Oak St., Eldridge IA 52748		25.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 75.00	
TOTAL (if last page of this schedule)				\$ 1,275.00	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Marty O'Boyle

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/10/13	Martin P. O'Boyle 505 N 6th St., Eldridge IA 52748	postage for meet and greet postcards	\$ 75.90
10/14/13	Martin P. O'Boyle 505 N 6th St., Eldridge IA 527418	yard signs and stakes	457.96
10/15/13	Happy Joe's/Grille 350 2705 Happy Joe Dr., Bettendorf IA 52722	food, beverages for fundraising event	915.39
SUB-TOTAL			\$ 1,449.25
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,449.25

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Marty O'Boyle

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/09/13	Susan Frembgen 1033 Kirkwood Blvd., Davenport IA 52803		meet and greet postcards	\$ 40.00	<input checked="" type="checkbox"/>
10/25/13	Martin P. O'Boyle 505 N 6th St., Eldridge IA 52748	candidate	election card and mailing	865.14	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 905.14	
TOTAL (if last page of this schedule)				\$ 905.14	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)